RECEIVED

FEB 2 0 2024 PETER A. MOORE, JR., CLERK US DISTRICT COURT, EDNC

United States District Court Eastern District of North Carolina Western Division

5:24-CT-3044-M

Case No.

(To be filled out by Clerk's Office only)

| (10 01 111111 13 111111 13 | |
|--|--|
| · · | County# 36 |
| MICHAEL TOWNES | STATE Priso 0410717 Inmate Number |
| (In the space above enter the full name(s) of the plaintiff(s).) | |
| -against- | COMPLAINT (Pro Se Prisoner) |
| North CAROLina Department of Public safety Lieutenant EASTwood et. OFFICER LITTLE (In the space above enter the full name(s) of the defendant(s). If you cannot | Jury Demand? No |
| fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section IV. Do not include addresses here.) | |
| NOTICE | |
| Federal Rule of Civil Procedure 5.2 addresses the privacy and public access to electronic court files. Under this rule, papers contain: an individual's full social security number or full birth known to be a minor; or a complete financial account number. A four digits of a social security number; the year of an individual' the last four digits of a financial account number. | filed with the court should <i>not</i> a date; the full name of a person filing may include <i>only</i> : the last |

I. COMPLAINT

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

| TX | 42 U.S.C. § 1983 (state, county, or municipal defendants) | | |
|------------|---|--|--|
| | Action under <i>Bivens v. Six Unknown Federal Narcotics Agents</i> , 403 U.S. 388 (1971) (federal defendants) | | |
| | Action under Federal Tort Claims Act (United States is the proper defendant; must have presented claim in writing to the appropriate Federal agency and received a notice of final denial of the claim pursuant to 28 U.S.C. § 2401(b)) | | |
| II. | PLAINTIFF INFORMATION | | |
| M- | ICHAEL TOWNES | | |
| Nan | ne ne | | |
| STAT | E Prison # 0410717 / WAKE County Detention center # 365802 | | |
| Priso | oner ID # | | |
| | Current location WAKE County Detention center | | |
| Plac | Place of Detention | | |
| Cr | oven Correctional Institution 600 Aligator Rd. | | |
| Insti | itutional Address | | |
| 1/1 | nceboro NC 28586 | | |
| City | State Zip Code | | |
| III. | PRISONER STATUS | | |
| Indica | te whether you are a prisoner or other confined person as follows: | | |
| | | | |
| [X] | Pretrial detainee State Federal | | |
| | Civilly committed detainee Immigration detainee | | |
| | Convicted and sentenced state prisoner | | |
| | Convicted and sentenced state prisoner Convicted and sentenced federal prisoner | | |
| | Convicted and sentenced rederal prisoner | | |

IV. DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

| Defendant 1: | Department of | Public Safeter | (NC prisons) |
|--------------|--|-----------------|-----------------------|
| | Current Job Title Craven Correction Current Work Address | nal Institution | n |
| | City Capacity in which being su | State | Zip Code |
| Defendant 2: | LIEUTENANT EAS Name | | inciai 🗠 boui |
| | LIEUTENANT at Current Job Title | Craven correct | fonal INSt. |
| | Craven Correction Current Work Address | n and Institu | tion 600 Aligator Rd. |
| | Vanceboro | NC State | 28586 Zip Code |

Capacity in which being sued: Individual Ind

| V. Place(s | STATEMENT OF CLAIM s) of occurrence: Craven Correction Institution D-Block |
|----------------------|--|
| Date(s |) of occurrence: 12/18/2020 |
| State v | which of your federal constitutional or federal statutory rights have been violated: |
| My .5 | thamendment & 14th amendment / Failure to Protect |
| Due A | A |
| involve | there briefly the FACTS that support your case. Describe how each defendant was personally and in the alleged wrongful actions, state whether you were physically injured as a result of actions, and if so, state your injury and what medical attention was provided to you. |
| Who did what to you? | On 12/18/2020 While at Craven Correctional Institution in Pamilico D-Block (2007m) I was involved in an altercation with Another InMate in Pamlico D-Block. We were Both pulled out of the Dorm, I told I rutenat EASTWOOD that this I whate Keeps threatening my life. But instead of taking what I said about the Inmate threatening my life Seriously, Liturenant Eastwood Put ME and this Inmate back in the Same block. (2) Hours later this Same transmission I made attacked me. Buy transmiss I was a failure to Protect my safety, by Seperating us, Liturenant Eastwood allowed this Inmate. To attack me after I made him aware of this Potential and eminent threat to my safety and well being. This Violate My Constitutional Right Re as well as other statutory Right. |
|) | |

| | Rev. 5/2017 Prisor | ner Complaint |
|--|-----------------------------------|--|
| | What happened to you? | ME and ANOther Inmate had A Alltercation officer Little called a code. We both were pulled out the block. I Told Lieutenant Eastwood that this Inmate Keep threating My life. Lieutenant Eastwood put us hack in the same block (2) Hours later the Same inmate that I had an alltercation with attacked Me. This Inmate caused me great bodily harm. My teeth were knocked out, I was Hurt pretty bad. I had to go to the outside Hospital In New born, NC after 4 days in Segregation they put me back in the same Block I was assaulted in Pamilios D-Block |
| Commence of the commence of th | When did it happen to you? | This offense Happend on 12/18/2020 |
| | Where did it happen to you? | This Offense occurred at CRAVEN Correctional Institution (000 Aligator Rd. Vanceborg, NC 28586 |

Page 6 of 10

What was - your injury?

| My front teeth were knocked out, I could Not walk for |
|--|
| a month, I Developed Blood clots in my left leg and in my |
| lungs. Medical gave me "Ellaville" which caused a Blockage in |
| A Month, I Developed Blood clots in my left leg and in my lungs. Medical gave me "Ellaville" which caused a Blockage in My Con Turinary track I Have to use an Instrument for the rest of my life to help me urinate. This |
| for the rest of my life to help me urinate. This |
| was caused by the assault and from Them, Medical Staff Prescribing me Ellaville. |
| Prescribina me Ellaville. |
| Treseriative Criative |
| |
| · · · · · · · · · · · · · · · · · · · |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| <u> </u> |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| <u> </u> |
| |

VI. ADMINISTRATIVE PROCEDURES

| WARNING: Prisoners must exhaust administrative procedures before file court about prison conditions. 42 U.S.C. § 1997e(a). Your case may be a | | |
|---|-----------------|----------|
| exhausted your administrative remedies. | ismissed if you | |
| Have you filed a grievance concerning the facts relating to this complaint If no, explain why not: | ? 🗹 Yes | □ No 、 |
| | | |
| Is the grievance process completed? If no, explain why not: | Yes | □ No |
| | | |
| | | |
| VII. RELIEF | | |
| State briefly what you want the court to do for you. Make no legal argum statutes. | nents. Cite no | cases or |
| I want to Be Compensated for my pain and Suff | fing throu | uah |
| punitive Damages and Compensatory damages | in the | amount |
| | _ | |
| | | |
| | | |
| · | | |